

**Bolivian Health System Strengthening Program  
FORTALESSA - UNICEF  
Bolivia**



**Quarterly Report Q1 2013  
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For every child  
Health, Education, Equality, Protection  
ADVANCE HUMANITY



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## ACRONYMS

AEIPI	Integrated Care to Childhood Prevalent Diseases
ALS	Health Local Agents
AO	Assistant Objective
ASIS	Health Situation Analysis Rooms
AT	Technical Support
AWP	Annual Work Plan
CAI	Information Analysis Committees
CDC	Competencies Development Center
CCMC	Continuous Quality Improvement Cycles
CONE	Obstetric and Neonatal Care
CLS	Social Council in Health
CSM	Municipal Social Council
DELIVER	Drugs Logistic and inputs project
DILOS	Local Directory of Health
HACT	Harmonized Cash Transfers
HCI	Health Care Improvement
HCP	Healthy Community Project
HPME	Bleeding on the First Half of Pregnancy
HR	Human Resources
FIM	Institutional Municipal Pharmacies
FORTALESSA	Bolivian Health System Strengthening Program
FOREDES	Program to Strengthen Health Networks (Belgian Technical cooperation)
FP	Family Planning
MCHIP	Maternal and Child Health Integrated Program
NNAC	National Standards of Clinical Care
OR	Operating Rules
PAI	Expanded Program of Immunization
PAHO	Pan-American Health Organization
SAFCI	Intercultural, Community and Family Health

SALMI	System of Administration and Logistic of Medicaments
SEDES	Departmental Health Service
SIAL	System of Information, Administration and Logistic
SIGMA	Administrative Integrated System of Management and Modernization
SNIS	National Health Information System
SNUS	National Unique Supplies Systems
SSR	Sexual and Reproductive Health
SUS	Unified Health System
TB	Tuberculosis
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VIPFE	Public Inverting and Foreign Funds Vice-Ministry
WHO	World Health Organization

## Section I. SUMMARY

Quarterly report of the project FORTALESSA UNICEF which corresponds to the period of October to December 2012. In strict coordination with other partners and the different counterparts (MOH, SEDES, REDES and the Municipalities), this Project implemented health activities under the institutional rectory and leadership both at a national level as in the departments of La Paz and Chuquisaca.

The main advancements in terms of results were within the framework of the strengthening of the SUS-SAFCI sub-systems, service quality improvement, and participative management.

Main results of the first quarter of the 2013 period:

- Communication Strategy for the national Family, Communitarian and Intercultural Health Policy (SAFCI), AT and coordination with the Health Promotion Direction of the MOH, and communicational Plans of the SEDES La Paz, and Chuquisaca, for the diffusion and implementation of SAFCI.
- Training and follow-up to mobile SAFCI teams, 140 trained technicians at a national level.
- Coordination and support to JHPIEGO/MCHIP within training in topics of maternal and infant health and quality improvement cycles, to 327 health professionals in both departments.
- Trained as facilitators within the adequate handling of drug resistance in TB and RAFAS to 6 physicians and 2 licensed nurses of Network 8.
- Basic medical equipment, furniture and assets delivered this quarter to:
  - SEDES La Paz and its municipalities
  - SEDES Chuquisaca and its municipalities
  - Units of the MOH
- Diagnostic of adolescent's health situation and training to 220 adolescents within topics of sexual and reproductive health in 3 Educational Units of El Alto.
- Consultation processes to the civil society, social organizations and associations to collect supplies over the application of the national health policy.

Within the analysis of the OP/PMP indicators disaggregated per municipality of intervention are still identified gaps of access and follow-up within the coverage of service delivery to children younger than five years.

As the approach of the FORTALESSA UNICEF projects from 2013, will focus on health service

delivery to children younger than 5 years of age, the next quarter (Q2) should serve us to raise intervention priorities and to identify risk areas with greater inequality in the access to health services.

Main challenges for the second quarter of the 2013 period:

- Reduction of gaps in vaccination coverage and the administration of micronutrients.
- Intervention coordination within the prioritized networks, according to network diagnostic.
- Conclusion and follow-up to the provision of equipment.

## Section II. INTRODUCTION

In this report, first are presented the advancements and results achieved, output of the activities implemented by the counterparts, afterwards are analyzed the quarterly results of the OP/PMP indicators of the project, at the end are presented the priority work lines for the next quarter (Q2).

The activities reported in the quarterly report are activities executed by the counterparts with the technical support (UNICEF health experts and Consultants) and financing of UNICEF (transfer to the counterpart in accordance to the AWP).

It is also important to highlight these achievements in the way of new lines of action to be prioritized by the FORTALESSA UNICEF project from 2013.

The implemented activities during this quarter correspond to: Operations systems and participatory management strengthened at all levels of the health system (IR1) and Underserved rural population empowered to seek/obtain culturally appropriate health care (IR3). Being that the project is redefining its intervention priorities within FORTALESSA-UNICEF to access to and quality of intercultural healthcare increased and improved (IR2), within newborn and children health, it is considered important the work executed until now, and the abilities and skills developed will be taken advantage of to intensify the actions directed to the newborn and to children of pre-school age.

## Section III. ACTIVITIES AND RESULTS ACHIEVED

IR I Operational systems and participatory management strengthened at all levels of the health system (Participative Management and Leadership).

***Capabilities of the MOH (IR1.1;P1), of the SEDES (IR1.2; P1) and of the health networks (IR1.3, P1) improved to inform and disseminate the SAFCI policy, its activities and responsibilities.***

The Family, Communitarian and Intercultural Health policy (SAFCI) of the MOH in Bolivia is strongly focused on promotional dimensions and social mobilization, with the goal of socializing and promoting the appropriation of such policy, and this way encourage behavior changes and the adoption of healthy attitudes within the Bolivian population. The General Direction of Health Promotion (DGPS) requested UNICEF for its technical support for the preparation of a National Communication Strategy for the implementation of the SAFCI Policy. There was the conduction of a multidimensional and participative analysis of the difficulties for the implementation of the policy both for the professional health sector, as well as for the civil society, supplies with which a communication strategy has been developed focused on reversing the identified bottlenecks.(IR1.1; P1)

For the DGPS the implementation of such strategy is a priority for the next term 2013 for which financial and technical support is required. Although there has been a reduction to the promotional component of the FORTALESSA UNICEF project since 2013, UNICEF will assume the responsibility of socializing the strategy during the second quarter of 2013 (Q2), and will work closely with the other FORTALESSA program's partners to identify the similar action of the different communicational strategies elaborate under USAID funds, to be prioritize.

As a complement communication strategies aligned with the national strategy have been developed, also with the technical assistance of UNICEF, in strict coordination with the health promotion units of each SEDES within the departments of intervention. These communication strategies and the plans of implementation of the SAFCI policy of each SEDES will serve to frame the different communication actions at the level of the departments into a more effective vision focused on bottlenecks. In like manner at a national level, UNICEF will assume the socialization of the new communicational framework of each SEDES during the second quarter of 2013, presenting it to the different associates of the FORTALESSA program and to other cooperation. (IR1.2; P1)



➤ Indicator:

- *3 Communication Strategies MOH, SEDES La Paz, SEDES Chuquisaca, developed for the implementation of the national family, communitarian and intercultural health policy.*

In support of this communication strategy regarding the SAFCI policy, the project supported the development of skills of the health personnel and of the social organizations within Family, Communitarian and Intercultural Health through workshops of diffusion of the SAFCI policy in the municipalities of Chuquisaca.

The joint trainings of the health and social actors allow for the encouragement of a better coordination of the activities of implementation of the SAFCI policies between the Health facilities, the Local Health Committees and the Municipal Social Councils. This is the manner in which the health priorities of the municipalities were redirected with a focus on promotion, interculturality and biomedical assistance. (IR1.3; P1)

➤ Indicator:

- *In Chuquisaca, 250 health providers trained in the SAFCI policy: 109 men and 141 women.*
- *In Chuquisaca, 191 members of social organizations trained on the SAFCI policy: 112 men and 79 women.*

***Strengthened ability of the SEDES within equitable and efficient planning, managing and distributing human and financial resources for comprehensive programs. (IR1.2; P2).***

In this quarter, emphasis has been placed on the strengthening of the human resource program and management supervision abilities of the Planning Unit of SEDES La Paz. The preparation of instruments and their application methodology prepared during the first phase of implementation of the project, has allowed the planning unit of SEDES La Paz to affirm its leadership and rectory abilities within the health networks.

The activities developed within the period were:

- A methodology training and comprehensive supervision workshop to networks 14, and of El Alto, with the participation of 48 health technicians of the networks.
- The comprehensive supervision instruments developed on July of 2012 have been implemented

in 2 health pilot networks (network 14 and 15) by 16 technicians of the SEDES and of networks of La Paz. This appropriation by health professionals on the field has allowed for its operational validation.

- With basis on this innovative methodology, the health network coordinators have been assessed on their performance by the planning unit of the SEDES, observing a great weakness of managerial competencies, which have served as supply for the preparation of a training plan directed to strengthening the health management skills of these functionaries.

➤ Indicators:

- *40 health professionals (Networks 14, 15 and El Alto) trained within comprehensive supervision methodology and instruments within the health network.*
- *1 training plan of the network coordinators prepared in the department of La Paz.*

The SEDES Chuquisaca has prioritized strengthening of Administrative and Financial Unit in light of financial reporting process and closing of the 2012 period. The level of execution of its health networks was high during the 2012 period (74%), being necessary to provide support to the municipal technicians and network coordinators, so that they can fulfill all of the administrative standards of the country at the time of financial reporting. To comply with this objective there were supervisions developed of the Administrative Unit of SEDES Chuquisaca to 15 municipalities of the Camargo, Tarabuco and Monteagudo networks with the technical support of the technical-administrative consultant team of the FORTALESSA UNICEF project.

➤ Indicators:

- *15 municipalities and their health facilities of the health networks of Chuquisaca with revised project financial report.*

During the last quarter, it is important to emphasize the approval and validation of the Internal Operation Regulations of each Administrative and financial Unit of both SEDES (AT of consultancy). These operational regulations will be presented and socialized during the next quarter to the technicians of the SEDES of La Paz and Chuquisaca.

➤ Indicator:

- *Administrative and Financial Operational Regulation validated with each counterpart.*

***Skills of SEDES (IR1.2; P3), of Health Networks (IR1.3; P2) and of municipalities, CSMS and DILOS (IR1.4; P1), strengthened to analyze and use information within decision making.***

In Chuquisaca, two data analysis workshops of maternal mortality have been developed, with the participation of 52 health professionals. During the 2012 period, there were 24 maternal deaths, from which 15 were direct maternal deaths. The most frequent cause is postpartum hemorrhage. The municipality with the most deaths is Sucre for the references of the rural area. Poroma and the Camargo network continue reporting maternal deaths. These workshops help to improve the capabilities of the participants within the Information Analysis Committee (CAIs). It allows the implementation of a surveillance system of maternal mortality at a network level (IR1.4; P1).

In Chuquisaca and La Paz were developed multiple Network CAIs and Municipality CAIs for the analysis of the maternal-infant health indicators and the prioritization of maternal-infant health strategies, for the compliance of the indicators, in a participative manner, agreements taken by health professionals and representatives of the local authorities at the municipality and network level (IR1.3; P2).

The CAIs of the La Paz Network presented coverage of the population of children younger than 1 year of age with third doses of Pentavalent of around 75% of the Network. An objective was discussed to achieve 80% with intensive campaign activities during the second quarter of 2013. In like manner the institutional delivery coverage of 40% was proposed to achieve 50%.

In Chuquisaca, as an output of the CAIs, action plans per municipality were implemented to improve the coverage and fulfill the management commitments.

In this quarter, at the municipality of Coroico, took place the second Information Analysis Committee of the Department of La Paz, consolidated from the 2012 term, was conducted with basis on the preparatory work executed during the CAIs of the networks in the past months. In this event were analyzed the total indicators of maternal-infant morbidity and mortality and strategic activities were prioritized to improve the same at the level of the health networks of the department (IR1.2; P3), with the participation of 88 health professionals and technicians of the MOH, SEDES and the Networks.

➤ *Indicators:*

- *100% of prioritized indicators were analyzed by SEDES, REDES and the municipalities for decision making, and they allowed the preparation of action plans in both departments.*
- *100% of the networks in Chuquisaca conducted their respective CAI at a municipal level*

*analyzing management commitments and with the respective social participation.*

- *50% of the networks in La Paz conducted their respective CAI at a municipal level analyzing management commitments and with the respective social participation.*
- *35 CAI at a municipal level analyzing gender indicators and participating in social control (61% of the municipalities)*

## IR II Access to and quality of intercultural healthcare increased and improved

### ***Improved technical and authority of the MOH's technical programs within the framework of SUS-SAFCI (IR2.1)***

During the last quarter, the main results achieved in terms of technical coordination and MOH rectory have been within the following three subject areas:

#### ***1. The implementation of comprehensive and functional health networks of maternal-neonatal care (IR2.1; P.2).***

The MOH's Health Services and Quality Networks Unit has promoted the rectory role of this Direction through the organization and conduction of a national workshop of the Continuous Quality Improvement Cycles (CMCC). Further than the field of intervention of the project, the workshop has allowed disseminating to the 9 departments of Bolivia the successful experience implemented in La Paz and in Chuquisaca.

Through several assessment processes, the Traditional Medicine and Interculturality Unit has been able to value and adjust the articulation between Traditional Medicine and Interculturality to the health facilities (ES-acronym in Spanish) of networks 2, 3, 5, 6 of Chuquisaca's department.

#### ***2. The implementation of innovative strategies to increase the access to proven and effective maternal-infant health interventions (IR2.1; P3)***

The Communitarian Health and Social Mobilization Unit has developed training and follow-up processes for the SAFCI mobile teams. These health professionals have been trained to render maternal-infant health care in accordance to the standards of the SAFCI policy to populations with difficulty of access to first level health facilities.

In Chuquisaca have been conducted 23 multi-program health campaigns in charge of multidisciplinary health staff team of 13 health facilities, staffed by the same health personal who planed visits to 100% of the communities in the area of influence of each facility, in coordination with the communal authorities, who conducted control of growth and development, immunization, micronutrient supplementation and care of childhood diseases, birth control, postpartum and newborn, dental care, respiratory symptomatic detection, community meetings and other. Local health teams achieved 320 health consultations allowing vaccinating 80 children less than 1 year with third dose of pentavalent.

➤ Indicator:

- 29 municipalities of Chuquisaca implementing innovative strategies to reach populations of tough access.
- 29913 care conducted by the SAFCI mobile teams

**3. Strengthening of the MOH capabilities to implement a monitoring and supervision system to assure the compliance with the national standards. (IR2.1; P4)**

The Unit of the National Health Information System (SNIS) has been strengthened in its abilities to implement a surveillance system which allows for standard compliance supervision, with the revision and validation of innovative instruments of collection and systematization of data at a national, departmental and municipal level.

Through the national training workshop about illness codification and causes of death, the SNIS has proposed at an international level proven epidemiological data systematization and national surveillance method.

The SNIS also conducted crossed check of data quality in both departments of intervention, La Paz and Chuquisaca, allowing to identify percentage of error and to propose adjustments.

➤ Indicator:

- 2 health networks supervised in data quality, 15 ES.

**Developed SEDES abilities to improve clinical and intercultural competencies of the providers. (IR2.2)**

Both SEDES have developed multiple training, supervision and organization activities for the health networks with the goal of achieving the advancement of results:

**1. Increased abilities of the SEDES of Chuquisaca and La Paz within diffusion and implementation of national standards and guidelines, including home visits by health and community personnel. (IR2.2; P.1)**

The Maternal-Neonatal and infant standards of care have been disseminated through several training workshops through health facilitators in different health networks of Chuquisaca and La Paz.

The project has supported JHPIEGO/MCHIPs training of more than 68 health professionals (23 in La

Paz and 45 in Chuquisaca) as facilitators of Maternal Health.

In the same way, both departments' health professionals have been trained as facilitators in the application of infant health standards of care (Continuum of Care and AIEPI Nut).

In Chuquisaca, the training for the first level health personnel was completed by internships on practices of Obstetric and Neonatal Care (CONE) and HPME, in second level health Facility.

The continuous quality improvement cycles (CMCC) also have been spread through workshops for facilitators, and training for health personnel, with technical support and supervision of implementations and assessments.

The project supported JHPIEGO/MCHIPs training of more than 327 functionaries and health professionals (295 in Chuquisaca, 32 facilitators in La Paz) in CMCC within maternal-infant care. Those workshops allow strengthening of the health personnel within the application of the CMCC and identifying implementation difficulties.

In La Paz hospitals of municipalities Copacabana (network 5), Escoma, Camacho (network 3), Coroico (network 8), Los Andes (El Alto network) were prioritized for the implementation, supervision and assessment of compliance of the CMCC indicators.

➤ Indicators:

- *327 health functionaries and professionals trained in CMCC of maternal-infant care.*
- *68 functionaries, specialist physicians, generals and nurses trained as facilitators in Maternal Health.*
- *65 medical and nursing staff of the first level of care completed internship in hospitals of 2d and 3rd level about CONE and HPME Chuquisaca.*
- *Health Personnel of 11 Health Facilities have been trained and monitored, 6 in La Paz and 5 in Chuquisaca, within CMCC and neonatal resuscitation.*

**2. Improving the supervision systems of the SEDES to assure the fulfillment of the national family, communitarian and intercultural health standards and guidelines. (IR2.2; P.1)(IR2.2; P.2)**

With basis on the developed methodologies and instruments, the SEDES of each department has been able to implement multi-program supervisions to the health networks: 7 networks supervised in Chuquisaca and 4 in La Paz. These are training supervisions to complete the training within maternal-infant care subjects.

➤ Indicators:

- *80% of the health facilities of SEDES Chuquisaca supervised.*
- *60% of the health facilities of SEDES La Paz supervised.*

**3. Improved reference and counter-reference system (IR2.2; P.3)**

In the department of Chuquisaca, more than 200 functionaries of Monteagudo, Padilla, Tarabuco and Camargo networks have been trained in departmental health network reference and counter-reference.

In December, the project supported JHPIEGO/MCHIP in conduction of a obstetric emergency simulation in the community. This activity allowed for a valuation at a real scale of the system of reference and counter-reference of the Camargo network within obstetric care.

➤ Indicator:

- *200 functionaries trained in the reference and counter-reference system of the Chuquisaca health network.*

**4. Increase abilities of the SEDES to implement and supervise the DOTS (IR2.2; P.4)**

In follow-up to the CMCC training process for Tuberculosis care, several training workshops in both departments were implemented in collaboration with HCI.

In total, more than 400 health professionals received training in CMCC for tuberculosis care. In La Paz 39 facilitators have participated in modular e-learning which allowed formation of support teams in municipalities of TB high prevalence.

In response to high epidemiological risk of multi-resistant TB and adverse reactions to anti-tuberculosis treatments (RAFAS) in network 8, in La Paz have been trained 6 physicians and 2 licensed nurses as facilitators within the adequate handling of drug resistance in TB and RAFAS.

These epidemiological threats have been confirmed by TB National Program and should be the priority within the next national workshop.

Also, another priority of the National Tuberculosis Program will be to support the printing of the Tuberculosis Care Manuals.

➤ Indicator:



- 400 functionaries trained in CMCC in TB.

***Improved capacities of the health networks to supervise provision of comprehensive and quality services within the framework of the SAFCI (IR2.3)***

Within the last quarter, the health networks have been strengthened within supervision training and support to certifications process for health facilities.

***1. Improved supervision systems based on the application of norms, standards and clinical performance in selected networks (IR2.3; P.1)***

With basis on supervision instruments and methodologies spread by SEDES, the network coordinators have been able to implement multi-program supervisions to the municipal health head offices. Mainly in Chuquisaca, where more than 27 supervisions have been conducted in the health networks.

It is important to note that supervisions focus on follow-up of maternal-infant health indicators but also allow fast monitoring of care coverage. In Chuquisaca were conducted 7 fast monitoring counts of vaccination coverage within the child population, which is the key for future implementation of coverage extension campaigns for children in risk situations.

➤ *Indicator:*

- 55% of the ES of SEDES Chuquisaca, supervised (231 ES supervised).

***2. Increased number of accredited health facilities in health network (IR2.3; P.2)***

In La Paz, thanks to the technical support of network coordinators under the supervision of the SEDES quality unit, several health facilities (ES) received their certification for care quality. There were 4 ES accredited within the field of intervention of the FORTALESSA program:

- CS Cairoma, Network 14
- CS Yaco, Network 14
- CS Malla, Network 14
- Copacabana Hospital, Network 5

Although it is very encouraging for network 14, this means a real investment, technical support and training effort for majority of other municipalities in intervention area, and a joint effort of all

FORTALESSA program partners.

FORTALESSA UNICEF also supported through technical assistance training process for health facilities certification. In this way, Chuquisaca have been lead multiple workshops for certification of networks 3 Azurduy and network 6 Camargo.

This process should be accompanied by quality management technical support and focus on a municipal investment plan for infrastructure and health equipment.

***Improved ability of health centers in application of standards and guidelines of care and local needs reply (IR2.4)***

The health facilities in field of intervention were strengthened in their capacities to apply standards of care with provision of equipment and availability management of drugs.

***1. Health facilities of 29 municipalities of Chuquisaca and 28 of La Paz have basic partial equipment for maternal-infant health care. (IR2.4; P1)***

During the last quarter, the three counterparties of the project FORTALESSA UNICEF and the majority of the ES of intervention area received additional provisions of basic medical equipment, furniture and assets.

The next quarter should conclude the delivery of equipment to counterparts. Follow-up and valuation of good reception and use by the health facility is scheduled for the second year of implementation of project.

***2. Improved timely availability of essential drugs, vaccines, contraceptives and other supplies in the 13 networks of Chuquisaca and La Paz. (IR2.4; P.2)***

Both in La Paz and in Chuquisaca, the FORTALESSA UNICEF project supported and coordinated with DELIVER in the development of its training and supervision activities within the logistic systems of medicaments (SNUS, SLAMI, and SIAL).

➤ Indicators:

- 39 FIM's supervised in Chuquisaca and La Paz

**3. Innovative strategies developed and implemented to reach adolescents with health information, sexual and reproductive health. (IR2.4; P6)**

This quarter allowed reaching great advancements with regards to new innovative strategies for adolescent health. Mainly in the urban health networks of El Alto and Cochabamba.

In La Paz, consulting dedicated to build a link between health centers network and educational units of El Alto conducted a diagnostic to identify health risk factors and sexual and reproductive health behavior of more than 430 adolescents. In this study can be evidenced that more than 30% of the studied population is socially and family vulnerable, also adopting risk conducts, being exposed to violence and sexual and reproductive abuse. This consulting allowed us to initiate coordination between Educational Units, Child and Adolescent El Alto Advocacy and adolescent's health facility of Hospital Los Andes.

FORTALESSA Partner, CIES has been associate to subject and actions developed within area of intervention.

Based on this diagnostic, different trainings have been implemented to more than 220 adolescents within topics of rights and sexual and reproductive health, in educational units of Tokyo School, Juan José Torres School, and Republic of Cuba School which are in intervention area of El Alto.

Also, directors and teachers of educational units were proposed to incorporate sexual and reproductive health subjects in first and second level school curriculum. This transversal intervention strategy to prevent risks of violence and pregnancy in children and adolescents received a warm welcome by educational actors and should be considered among the different FORTALESSA partners.

Considering the reduction of actions dedicated to adolescents, with the new approach of FORTALESSA UNICEF, solid socialization work must be conducted to other partners of FORTALESSA program, committed to the reduction of violence, PF and SSR in adolescent population.

In Cochabamba, FORTALESSA UNICEF project supported and coordinated with NGO CIES the conduction of competency building workshops for adolescent leader's and activities planning dedicated to the health of adolescents within the educational units.

## IR III Underserved rural population empowered to seek/ obtain culturally appropriate health care (Promotion and Social Participation).

### ***Strengthened MOH for implementation of social mobilization strategies within the framework of the SAFCI (IR 3.1)***

The activities implemented by MOH to promote social mobilization during the last quarter were dedicated to strength abilities of social organizations through community consultation.

#### ***1. Strengthening skills of national organizations and associations working within subjects related to maternal-infant and reproductive care (IR3.1; P1)***

The Communitarian Health and Social Mobilization Unit of MOH elaborated guide for Preparation of Municipal Health Plans with UNICEF technical support consulting. These instruments worked in consultation with HCP should be disseminated in the municipalities of intervention following HCP work.

The Transparency Unit of MOH implemented workshop for municipalities representatives and social organizations within social control and rendition of accounts, this training will allow to strength participative supervision for rendition of accounts in the decentralized health institutions.

#### ***2. Strengthening MOH's mechanisms to request supplies from social associations and organizations (IR3.1; P2)***

The Communitarian Health and Social Mobilization Unit of MOH conducted several consultations through municipalities in order to collect implementation experiences of SAFCI policy. This served as basis for strengthening implementation procedures of the SAFCI policy.

### **Improved capabilities of SEDES and departmental social organizations to strengthen social participative mobilization processes. (IR3.2)**

In like manner to national level, both SEDES developed instruments to strengthen social organizations, within activities of community consultation.

**1. Increase social organizations and national associations abilities in favor of services based on rights, new policies and application of the law. (IR3.2; P1)**

Another output from technical assistance (consulting) to the Communitarian Health and Social Mobilization Unit of MOH, was Internal Regulation of Social Departmental Councils of La Paz and Chuquisaca. And as complement Departmental Participative Management Guide was updated. The social organizations have now at their disposition guidance document to improve their process and facilitate their incidence in favor of services based on rights and health.

It will be necessary to coordinate with FORTALESSA partners in order to spread these guides to municipalities of intervention area.

**2. Strengthened social participation mechanisms of SEDES to request supplies from social organizations and associations with regards to national policies. (IR3.2; P2)**

In Chuquisaca were organized sub-regional workshops to analyze departmental health situation with participation of representatives of civil society. The suggestions and perceptions about health problem were systematized in proposals which will be submitted to the SEDES Chuquisaca.

**Strengthened abilities of technical authorities and municipal leaders to identify and eliminate barriers to exercise its rights. (IR3.3)**

**1. Strengthened municipal abilities to comply with their roles and responsibilities of securing right to health. (IR3.3; P1)**

In Chuquisaca were implemented several coordination meetings between health personnel and DILOS with the goal of identifying health necessities for future reprogramming.

**2. Strengthened abilities of selected municipalities to identify, define and inform to the superior levels of the Health System about community definition of quality and access (IR3.3; P2)**

The department of Chuquisaca started several consultation processes through municipal councils. FORTALESSA UNICEF supported conduction of those meeting initiated by HCP.

In like manner were conducted health fairs which allowed collection of supplies from the civil society about health and diffusion of health promotion and social participation messages.

➤ Indicators:

- *4 Health fairs in the Department of Chuquisaca.*

## Section IV. ANALYSIS OF INDICATORS

HEALTH AND NUTRITION COVERAGE Q1 2013 CHUQUISACA Oct to Dec 2012																													
Chuquisaca Municipalities	Coverage 3rd Pentavalent < 1 year				Newborns receiving essential care				Children 6m < 2y complete doses of iron				Children 2 years to younger than 5 with complete doses of iron				Children < than 1 year with a 2nd sole doses of Vit. A				Children 1 to < than 5 years with a 2nd sole doses of Vit. A				Assisted diarrheas in < than 5 years	Children of 6 months minor than 2 years who receive complementary food Nutribabe	Chronic malnutrition in minors than 2 years of age		
	Population < than 1 year yearly	Population < than 1 year quarterly	Number of children with 3rd Penta Q 1	%	Expected births	Expected births Quart	No of RN alive from births in service with essential care.	%	Children 6m to < than 2 years Yearly	Children 6m to < 2 years Quarterly	Children 6m < 2 years with complete doses of Iron.	%	Children 2 to < than 5 years Yearly	Children 2 to < than 5 years Quarterly	Children 2 to < 5 years with complete doses of Iron.	%	Population < than 1 year yearly	Population < than 1 year quarterly	Population < than 1 year with sole doses of Vit. A.	%	Children 1 to < than 5 years Yearly	Children 1 to < than 5 years Quarterly	Children 1 to < 5 years with a 2nd sole doses of Vitamin	%	No. of cases	No. of cases	Children < than 2 registered	Children with chronic DNT	%
Alcalá	128	32	14	44%	110	28	9	33%	191	48	32	67%	383	96	22	23%	128	32	18	56%	511	128	47	37%	116	241	329	12	4%
Azurduy	422	106	67	64%	293	73	15	20%	633	158	131	83%	1208	302	156	52%	422	106	51	48%	1630	408	193	47%	448	277	1142	203	18%
Camargo	489	122	70	57%	386	97	86	89%	733	183	148	81%	1421	355	63	18%	489	122	76	62%	1909	477	192	40%	833	969	1434	209	15%
Culpina	481	120	143	119%	447	112	57	51%	721	180	200	111%	1447	362	205	57%	481	120	92	77%	1928	482	460	95%	688	1479	1753	351	20%
El Villar	121	30	18	60%	104	26	11	42%	182	46	26	57%	364	91	30	33%	121	30	14	46%	485	121	67	55%	254	254	355	16	5%
Huacareta	292	73	71	97%	249	62	20	32%	438	110	110	100%	866	217	124	57%	292	73	75	103%	1157	289	229	79%	301	1350	1251	28	2%
Huacaya	86	22	13	60%	66	17	12	73%	129	32	20	62%	248	62	25	40%	86	22	11	51%	334	84	87	104%	166	11	268	27	10%
Icía	330	83	37	45%	268	67	20	30%	496	124	84	68%	983	246	109	44%	330	83	40	48%	1314	329	147	45%	424	604	832	146	18%
Incahuasi	398	100	77	77%	401	100	28	28%	597	149	162	109%	1157	289	208	72%	398	100	69	69%	1555	389	348	90%	524	1031	1340	267	20%
Las Carreras	111	28	13	47%	95	24	10	42%	166	42	23	55%	334	84	21	25%	111	28	13	47%	444	111	67	60%	303	201	299	13	4%
Machareti	297	74	57	77%	236	59	12	20%	446	112	147	132%	860	215	26	12%	297	74	48	65%	1157	289	243	84%	506	620	837	25	3%
Mojochoya	251	63	30	48%	195	49	16	33%	376	94	71	76%	746	187	78	42%	251	63	30	48%	997	249	148	59%	233	530	710	51	7%
Monteagudo	820	205	134	65%	717	179	148	83%	1230	308	312	101%	2432	608	379	62%	820	205	150	73%	3252	813	705	87%	1592	1847	2779	68	2%
Padilla	349	87	51	58%	305	76	57	75%	523	131	130	99%	1047	262	104	40%	349	87	50	57%	1395	349	290	83%	483	674	1089	104	10%
Poroma	444	111	85	77%	624	156	28	18%	667	167	151	91%	1333	333	185	56%	444	111	78	70%	1778	445	482	108%	499	324	1662	184	11%
Presto	314	79	43	55%	259	65	13	20%	471	118	95	81%	933	233	131	56%	314	79	42	54%	1247	312	147	47%	323	595	864	177	20%
San Lucas	1114	279	202	73%	897	224	85	38%	1671	418	375	90%	3239	810	380	47%	1114	279	207	74%	4354	1089	838	77%	1234	2754	2200	539	25%
Sopachuy	245	61	41	67%	218	55	25	46%	368	92	76	83%	736	184	87	47%	245	61	38	62%	981	245	120	49%	277	535	749	125	17%
Sucre	7036	1759	1498	85%	10224	2556	1530	60%	10554	2639	2493	94%	21106	5277	3241	61%	7036	1759	1259	72%	28143	7036	5557	79%	9286	4430	29391	1074	4%
Tarabuco	610	153	92	60%	502	126	61	49%	915	229	218	95%	1806	452	289	64%	610	153	99	65%	2416	604	507	84%	750	1153	1651	313	19%
Tar	640	160	76	48%	433	108	38	35%	960	240	156	65%	1832	458	162	35%	640	160	73	46%	2472	618	349	56%	730	1112	1589	333	21%
Tom	311	78	44	57%	271	68	30	44%	466	117	103	88%	934	234	34	15%	311	78	48	62%	1244	311	193	62%	555	770	1027	147	14%
Villa Abecia	94	24	14	60%	83	21	9	43%	142	36	16	45%	284	71	14	20%	94	24	15	64%	379	95	63	66%	142	185	298	28	9%
Villa Charcas	476	119	92	77%	304	76	45	59%	713	178	168	94%	1382	346	162	47%	476	119	91	76%	1858	465	338	73%	730	710	1772	395	22%
Villa Serrano	316	79	59	75%	299	75	30	40%	474	119	107	90%	989	247	100	40%	316	79	48	61%	1305	326	237	73%	333	729	1116	137	12%
Villa Vacá Guzmán	372	93	63	68%	296	74	28	38%	559	140	137	98%	1078	270	110	41%	372	93	66	71%	1450	363	194	54%	318	742	1010	69	7%
Yamparáez	272	68	40	59%	217	54	15	28%	408	102	79	77%	805	201	88	44%	272	68	35	51%	1077	269	137	51%	320	485	657	76	12%
Yotala	232	58	41	71%	333	83	28	34%	348	87	110	126%	696	174	130	75%	232	58	42	72%	928	232	198	85%	275	360	675	45	7%
Zudáñez	242	61	30	50%	191	48	23	48%	363	91	66	73%	720	180	123	68%	242	61	36	60%	962	241	148	62%	207	457	661	80	12%
TOTAL	17293	4323	3215	74%	19023	4756	2489	52%	25940	6485	5946	92%	51369	12842	6786	53%	17293	4323	2914	67%	68662	17166	12731	74%	22850	25429	59740	5242	9%

# HEALTH AND NUTRITION COVERAGE Q1 2013 LA PAZ Oct to Dec 2012

Municipalities La Paz	Coverage 3rd Pentavalent < 1 year				Coverage of institutional delivery				Children 6m < 2 years with complete doses of iron				Children 2 years to younger than 5 with complete doses of iron				Children < of 1 year with a 2nd sole doses of Vit. A				Children 1 to < of 5 years with a 2nd sole doses of Vit. A				Assisted diarrheas in < than 5 years	Children of 6 months minor than 2 years who receive complementary food Nutribebe	Chronic Malnutrition in minors than 2 years * <b>THERE IS NO SNIS REPORT FEB 04 2013</b>		
	Population < than 1 year	Population < than 1 year Quart	Number of children with 3rd Penta	%	Expected births	Expected births Quart	Number of inst. deliveries	%	Children 6m to < than 2 years	Children 6m to < 2 years Quart	Number of children	%	Children 2 to < than 5 years Yearly	Children 2 to < than 5 years Quart	Children 2 to < 5 years with complete doses of Iron.	%	Population < than 1 year yearly	Population < than 1 year quarterly	Population < than 1 year with sole doses of Vit. A.	%	Children 1 to < than 5 years	Children 1 to < 5 years Quart	Number of children	%	No. of cases	No. of cases	Children < than 2 registered	Number of children	%
Batallas	462	116	54	47%	438	110	11	10%	485	121	135	111%	1433	358	206	58%	462	116	52	45%	1894	474	129	27%	89	248	473		0%
Cairoma	331	83	36	44%	271	68	2	3%	348	87	62	71%	987	247	72	29%	331	83	44	53%	1357	339	92	27%	122	9	330		0%
Cajutani	196	49	44	90%	135	34	13	38%	206	51	27	52%	582	146	52	36%	196	49	20	41%	804	201	46	23%	118	0	194		0%
Chulumani	429	107	52	48%	353	88	26	29%	450	113	48	43%	1228	307	45	15%	429	107	55	51%	1759	440	39	9%	177	0	414		0%
Colquiri	584	146	70	48%	410	102	18	18%	613	153	40	26%	1736	434	39	9%	584	146	62	42%	2394	599	57	10%	116	0	580		0%
Copacabana	322	81	44	55%	326	81	11	14%	338	85	110	130%	1007	252	101	40%	322	81	56	70%	1320	330	83	25%	37	0	330		0%
Coripata	301	75	29	39%	298	75	8	11%	316	79	60	76%	873	218		0%	301	75		0%	1234	309	56	18%	90	0	294		0%
Coroico	345	86	27	31%	307	77	19	25%	362	91	24	27%	1001	250	48	19%	345	86	19	22%	1415	354	32	9%	78	0	338		0%
Escama	140	35	2	6%	131	33	0	0%	147	37	87	237%	444	111	3	3%	140	35	5	14%	574	144	106	74%	0	0	145		0%
Humanata	122	31	11	36%	116	29	3	10%	128	32	31	97%	387	97	43	44%	122	31	10	33%	500	125	23	18%	11	107	127		0%
Ichoca	217	54	17	31%	144	36	2	6%	228	57	77	135%	646	161	35	22%	217	54	20	37%	890	222	61	27%	9	212	216		0%
Inquisivi	495	124	49	40%	349	87	2	2%	520	130	39	30%	1472	368	71	19%	495	124	49	40%	2030	507	69	14%	88	323	492		0%
Irupana	299	75	25	33%	235	59	6	10%	314	78	5	6%	855	214	80	37%	299	75	16	21%	1226	306	47	15%	155	0	289		0%
La Asunta	715	179	101	57%	558	139	29	21%	751	188	3316	1767%	2051	513	57	11%	715	179	30	17%	2932	733	747	102%	437	60	692		0%
Licoma	91	23	9	40%	64	16	4	25%	96	24	31	130%	269	67	14	21%	91	23	10	44%	373	93	58	62%	30	76	90		0%
Luribay	222	56	13	23%	186	47	7	15%	233	58	10	17%	663	166	66	40%	222	56	16	29%	910	228	19	8%	75	69	221		0%
Malla	150	38	8	21%	114	29	0	0%	158	39	99	251%	448	112	12	11%	150	38	6	16%	615	154	68	44%	13	92	150		0%
Mocomoco	307	77	50	65%	275	69	5	7%	322	81		0%	973	243	152	62%	307	77	52	68%	1259	315		0%	45	571	319		0%
Pucarani	712	178	98	55%	671	168	12	7%	748	187	275	147%	2208	552	234	42%	712	178	107	60%	2919	730	220	30%	126	962	729		0%
Puerto Acosta	334	84	56	67%	314	78	4	5%	351	88	84	96%	1059	265	73	28%	334	84	57	68%	1369	342	80	23%	22	162	347		0%
Puerto Carabuco	398	100	47	47%	387	97	4	4%	418	104	71	68%	1260	315	109	35%	398	100	53	53%	1632	408	171	42%	50	0	413		0%
Puerto Pérez	184	46	13	28%	171	43	0	0%	193	48	33	68%	570	143	68	48%	184	46	16	35%	754	189	57	30%	19	209	188		0%
Quime	205	51	32	62%	143	36	10	28%	215	54	58	108%	609	152	49	32%	205	51	30	59%	841	210	59	28%	89	73	203		0%
San Pedro de Tio	140	35	10	29%	124	31	4	13%	147	37	24	65%	437	109	29	27%	140	35	12	34%	574	144	44	31%	29	116	143		0%
Tito Yupanqui	67	17	3	18%	63	16	1	6%	70	18	5	28%	210	53	7	13%	67	17	3	18%	275	69	7	10%	5	23	69		0%
Yaco	239	60	20	33%	191	48	8	17%	251	63	44	70%	714	179	67	38%	239	60	23	38%	980	245	55	22%	64	270	239		0%
Yan	121	30	9	30%	88	22	3	14%	127	32	22	69%	348	87	21	24%	121	30	7	23%	496	124	16	13%	44	0	117		0%
LOS ANDES EL A	5961	1490	684	46%	7365	1841	573	31%	8942	2235	1006	45%	13126	3282	2199	67%	5961	1490		0%	23,432	5858	1938	33%	643	566	4384		0%
TOTAL SEDES LP	14089	3522	1613	46%	14227	3557	785	22%	17476	4369	5823	133%	37597	9399	3952	42%	14089	3522	830	24%	56757	14189	4379	31%	2781	4148	12525.7	0	0%

(\*) NOT REPORED AT THE SNIS until this date January 24, 2013



The source of information for maternal-infant health indicators is National Health Information System (SNIS). To reported date, system had reported consolidated information for months of October and November. This is why the coverage counts do not reflect the activities of the whole quarter.

## 1. 3rd doses of Pentavalent vaccines Coverage in children younger than 1 year of age:

The intervention area of Chuquisaca reach coverage of 74% regarding the third doses of pentavalent in the population of children younger than 1 year of age. This result projected to month of December demonstrates a medium satisfactory coverage. But from municipalities can be identified 6 municipalities with insufficient coverage to achieve the quarterly result (<50%). Next quarter should be focus on vaccination efforts within the following municipalities of the networks.

- Icla Network 2
- Mojocoya Network 2
- Zudanez Network 2
- Alcala Network 3
- Tarvita Network 4
- Tarvita Network 4

In the area of intervention of La Paz, although results represent only 2 of the 3 months of development of activities, a very alarming situation has been observed with regards to the vaccination coverage with third doses of pentavalent. Only 7 to 27 municipalities present coverage over 50%. In municipality of Escoma is reported a very low coverage, 6% of children younger than 1 year of age received 3rd Pentavalent. Facing such alarming situation, improvement actions need to be coordinated between Planning Unit and PAI unit of SEDES La Paz, there is a need for coverage valuation through fast monitoring, so actions can be taken as consequence, through intensive vaccination campaigns. These activities have been prioritized for second quarter of 2013.

## 2. Coverage of newborns receiving essential care:

We report this indicator in function of born alive newborns assisted by health personnel in health facilities or at home. In the department of Chuquisaca the coverage of newborns receiving essential care is of around 52%. In La Paz coverage is very low, about 22%. Although the FORTALESSA UNICEF project does not program to implement corrective actions focused on improving the follow-up to pregnant women and to increase the rate of deliveries assisted by health personnel, there will

be training activities developed for health personnel who assist births and there will be promotion of monitoring and follow-up system for care received by newborn. Still this indicator depends on joint work of the program's partners (MCHIP/JHPIEGO).

### 3. Iron delivery coverage for children between 6m to 2 years of age:

In Chuquisaca as well as in La Paz the rate of children from 6 months to 2 years receiving a complete doses of iron appears to be above the quarterly goals (CHQ: 133%; LPZ: 92%). Conversely the coverage is significantly reduced when analyze is made on rate of children from 2 to 5 years with complete doses of iron (CHQ: 42%; LPZ: 53%). It sounds alarming because it highlights most vulnerable children population to anemia and demonstrates lack of follow-up in children pre-school age.

In Chuquisaca all municipalities completed rate of children of 6 months to 2 years with complete doses of iron above 50% for the first quarter of 2013, but situation in La Paz sound more alarming (9 municipalities with a rate <50%). Reduction of iron supplements coverage gap in La Paz municipalities should be second priority for the next quarter through intensive multi-program campaigns in coordination with Nutrition Unit of SEDES La Paz.

### 4. Coverage with 2nd doses of Vitamin A in children between 1 and 4 years of age:

Children rate receiving complete doses of Vitamin A in La Paz is very low. As a matter of fact, both age group (younger than 1 year of age, between 1 and less than 5 years of age), average projected rate during first quarter only achieves 50% of coverage.

The conjunction of this two children's nutritional indicators let identify great follow-up deficiencies in micro-nutrients supplementation program in La Paz.

An action plan should be elaborate with SEDES La Paz Nutrition Unit in order to assess and correct risk factors for the children's population.

However, in Chuquisaca by comparing both indicator, complete doses of iron coverage versus complete doses of Vitamin A coverage in same group, appears better nutritional follow-up and support. Although still appears municipalities' coverage under 50%. Follow-up, monitoring plan and campaigns during next quarter will allow clarifying situation in municipalities at risk.

#### 5. Diarrhea care in children younger than 5 years of age:

National's data not available at time of reporting.

## Section V. FUTURE CHALLENGES

- **Reduction of gaps coverage for vaccination and micronutrients administration.**

During first year launching phase, FORTALESSA UNICEF project achieved great results as quality of care through improvement of abilities, health network sub-systems empowerment in both departments. But as mentioned above, OP/PMP indicators of FORTALESSA program still show great gaps disaggregated per municipalities of intervention.

Entering its second year of implementation, the project will still focus on quality but also increase activities to improve access to integrated health care to children less than 5 years of age. In this sense it has been programmed with implementing partners, complementary activities, such as running intensive campaigns of integrated care (communities' health visits with local's health teams, for vaccination, micronutrient supplementation, care of childhood diseases, diarrhea, pneumonia and other) in the municipalities with poor access to health facilities. Actions of rapid coverage monitoring in municipalities and communities will be completed to elaborate risk maps to drive extending coverage activities. A progressive implementation plan is being prepared in municipalities identified at risk.

For 2013, goal has been set to achieve 17 municipalities with third doses of Pentavalent coverage above 85% of children less than 1 year of age and coverage counts in micronutrients above 85% of children less than 5 years of age. Second 2013 quarter will serve to implement fast coverage monitoring and supervision to identify bottlenecks and population at risk. Third and fourth quarters of 2013, intensive campaigns of integrated care will be implemented for children less than 5 years of age.

- **Focus on prioritized health networks according to coordinated action.**

To reduce coverage gaps, weakness and strengths of network must be analyzed according to coordination of different program partners. Priority networks should be identified based on achievable results and joint actions possibilities. Moreover analysis should be based on Health and Quality Service Networks Unit networks' diagnostics.

- **Crossed implementation of Care Continuum and CMCC.**

Care Continuum is a normative framework for care to women in fertile age, pregnant women, puerperium, neonatal and pre-school children in Bolivia. CMCC are methodologies to improve quality in care processes. Both strategies are based on similar mother and child

health indicators and it's important to agree counterparts and partners on complementary way of implementation.

- **Respond to national TB program priorities.**

FORTALESSA UNICEF project will focus actions to supporting National and departmental TB Program in RAFAS and TB MDR training for field facilitators, completing modular trainings of TB CMCC.

- **Diffusion of Participative Management guides, Regulations of the social councils norms and SAFCI Communication Strategies.**

During last quarter, consultancy outputs have been finalized under leadership of Communitarian Health and Social Mobilization Unit of MOH. Although implementation of these outputs gets out of the new strategic lines of FORTALESSA UNICEF Project, it will be assume outputs socialization during second 2013 quarter to FORTALESSA partners.

SAFCI approach communication strategy as the other communication strategies developed by USAID-funded and MoH, will be reviewed in conjunction with the FORTALESSA Program partners of USAID / Bolivia to define the priorities and common actions to be included in the AWP to achieve program outcomes.

- **Diffusion of training methodologies and instruments for supervision in the department of La Paz.**

In SEDES La Paz, weaknesses have been identified in key personnel responsible of field project implementation (networks and municipalities). Although system strengthening is out of FORTALESSA UNICEF project lines of intervention for next quarter, it is important to supervise training plan for network coordinators proposed by SEDES La Paz to strengthen their managerial and technical capacities. Special focus will be done on neonatal and child health. This actions will also serve to extend supervision, monitoring and assessment methodologies as other instruments developed during first year of implementation.

- **Preventive Actions to Adolescent.**

Diagnostic and advocacy work conducted within two urban networks (reduction and prevention of adolescent violence and vulnerabilities in sexual and reproductive health), identified 30% of adolescent at risk, and educational bottlenecks. Due to budgetary reasons, FORTALESSA UNICEF won't be able to assume adolescent health action from next

quarter. The project will implement socialization work to FORTALESSA Program partners to give continuity to the innovative strategies raised from the consultancy.

- **Supply follow-up.**

The next quarter will see the conclusion of supply delivery to counterparts according to 2012 AWP. FORTALESSA UNICEF is scheduling for the next quarter official events with Ministry of Health and Sports, United States Embassy, Autonomous Departmental Governments and the counterparts. Second 2013 quarter will be plan follow up to supply.

## Section VI. ANNEXES

### RESULTS FRAMEWORK

MOH SEDES LPZ SEDES CHQ		FORTALESSA - UNICEF Quarterly Operational Plan Report Q1 2013					
IR1. Operation Systems and participative management strengthened at all levels of the health system (Participative Management and Leadership)							
Immediate Results/Outcomes	Outputs	Main activities by outputs	Executed Activities	Effect	Indicators		
IR1.1 Strengthen the MOH's capacity to plan and allocate resources	P1. MOH's capacity improved to report and disseminate the SAFCI policy, its activities and responsibilities		Preparation and validation of SAFCI policy Communication Strategy at MOH level. Consultancy per outcome. Promotion Unit, General Promotion Dir., MOH	Diagnostic of SAFCI policy diffusion Participative elaboration of theoretical communication framework of SAFCI policy.	3 communication framework (MOH, SEDES La Paz, SEDES Chuquisaca) develop for SAFCI policy implementation.		
	P1.The capacity of the SEDES improved to report to the networks about the SAFCI policy, its activities and responsibilities		Preparation and validation of SAFCI policy Communication Strategy at SEDES level. Consultancy per outcome Unit of Promotion, SEDES La Paz and Chuquisaca.	Participative elaboration of theoretical communication framework of SAFCI policy at departmental level. Communicational framework for each SEDES.	In Chuquisaca, 250 health providers trained in SAFCI policy: 109 men, 141 women.		
IR 1.2: Strengthened capability of the SEDES within equitable and efficient planning, managing and distributing human and financial resources for comprehensive programs.	P.2 - SEDES' capacity strengthened to apply specific regulations to planning, follow-up and monitoring processes and to administrative, financial and legal management.	Administrative Unit and Planning Unit strengthened into technical and financial-administrative follow-up.	Training workshop on supervision methodology from SEDES La Paz to rural networks 14 Loayza and El Alto. Date and place: El Alto November 2012 Participants: 24 health professionals 12 physicians, 10 licensed nurses and 2 nurse assistants		40 health professionals (Networks 14, 15 and El Alto) trained in integrated supervision methodologies and tools.  1 training plan for network coordinators prepared in La Paz.  15 municipalities and their health facilities of Chuquisaca with revised financial reporting  CHQ and LPZ 100% of the revised financial reporting  Internal Operations Regulations validated with each counterpart.		
			Validation of Integrated Supervision tools of SEDES La Paz in networks 14 and 15. Date and place: Quime and Luribay Participants: 16 participants of Networks 14 and 15	Operational validation of supervision tools Identification of technical priorities to strength			
			3 Administrative Assistant Technical Support (2 for SEDES La Paz, 1 for SEDES Chuquisaca) who provide support to Administrative Units of each SEDES for FORTALESSA Project management.	Strengthened administrative Human Resources of SEDES. Greater personal abilities in resources assignation administrative processes Better financial reporting control			
			Financial Reporting Supervisions to Chuquisaca municipalities. Date: November 2012, 15 municipalities Camargo Network: Municipalities of Camargo, Villa Abecia, Villa Charcas, Cupina, Las Carreras, San Lucas, Incahuasi, Monteaucho Network: Municipalities of Monteaucho, Villa Yaca Guzman, Macharety, Huacaya, Huacareta. Tarabuco Network: Municipalities of Tarabuco, Ica, Zudafiez.	Financial reporting checked for every Service providers.			
			Validation of an Internal Operations Regulations for the Use of HACT-type cooperation funds for the MSD and the SEDES of Chuquisaca and La Paz.				
			In La Paz, development and Implementation of Human Resources Performance Assessment methodology through health networks.	Identification of managerial competency weakness at Network coordinator level. Elaboration of managerial training plan to network coordinators.			
	P.3 The SEDES' institutional capacities increased to analyze and use information in decision-making processes.		In La Paz, Second Departmental CAI Date and place: Corico, December 2012 Participants: 88 participants, 24 Network Coordinators, 12 Hospital Directors of 2nd and 3rd level, 2 participants of the Departmental Health Committee, 16 technicians of SEDES, 4 administrative 4 MOH Authorities, 14 representative of SEDES, 5 NGOs and UNICEF.	Updating strategic activities to be prioritized for reduction of maternal-infant mortality.	100% of prioritized indicators have been analyzed by SEDES, REDES and municipalities which allowed action plans preparation in both departments		
	IR 1.3 Network capabilities strengthened to support the municipalities, CSM and DILOS to plan, budget and congeat the health services.	P.1 Improvement in the ability of networks to report to the CSM and the DILOS about the SAFCI Policy and its activities and responsibilities		18 Workshops on SAFCI policy in municipalities of Chuquisaca Date and place: October and November 2012 Participants: health functionaries and social organizations.	Health personnel knows and applies the SAFCI policy. Local health committees and Municipal Social Councils coordinate activities with health personnel. Focus on promotion and intercultural approach, such as biomedical healthcare.	In Chuquisaca, 191 members of social organizations trained on the SAFCI policy: 112 men and 79 women.	
		P.2 Improvement in the abilities of Networks to provide support to municipalities, the CSM and the DILOS in the use of data for decision-making purposes and to receive feedback to improve the Information System	CAIs implementation in health Network and municipalities of La Paz and Chuquisaca, analyzing prioritized indicators, with gender and interculturality focus.	In La Paz, 3 Network CAI. 6 municipalities and 36 health facilities represented. Date and place: Los Andes El Alto Network, December 2012 Participants: 18 physicians, 14 licenses nurses, 37 nurse assistants, and 20 other health professionals.	Identification and socialization of health priorities with local authorities: Improve the coverage of PAI (current 75% goal 80%) Improve the institutional delivery rate (current 40% goal 50%) Improve the follow-up of patients through home visits (with basis on a follow-up survey of home treatment) availability of supplies and medicines for those younger than 5 years of age.	100% of the Chuquisaca networks conducted corresponding CAI at municipal level analyzing management compromises and social participation.	
		In Chuquisaca, 41 networks CAI Date and place: 29 municipalities of 7 Health Network Participants: health personnel of the different municipalities, DILOS and other Representatives of the Civil Society and social structure, 690 men and 792 women, total, 1482 participants in the last quarter of the 2012 term		Implementation of Action Plans to improve services delivery, Management Commitments achievement and program indicators. Active and permanent participation of the civil society	50% of the La Paz networks conducted corresponding CAI at municipal level analyzing management compromises and social participation.		
P.3 Network Coordinators' capacities increased to provide support to municipalities and CSMs in planning and budgeting processes		Workshops for anticipatory reformulation of AWP 2013. Date and place: 11/28/12, UNICEF La Paz. Participants: Health officers of UNICEF, 12 Technicians and the Unit chief of SEDES La Paz, 6 Network Coordinator, JHPIEGO/MCHP Technician		Socialization of new program approach Preparation of health network new programming methodology Partner Coordination of FORTALESSA program.			
IR 1.4 Improved capabilities of the DILOS and the CSM to guarantee that the planning, and the management of the health services be equitable, effective and efficient.	P.1 The abilities of municipalities, CSM and the DILOS improved in the use of data for decision-making processes and to provide feedback to improve information systems		In Chuquisaca, analysis workshops of maternal mortality Date and place: Municipality of Villa Abecia and Municipality of Sucre, October 2012. Participants: 52 participants: 17 men and 37 women.	Strengthened the Shared Management of the Municipalities			
	P.2 The capacities of the DILOS and CSMs improved for the development of plans and budgets.			35 CAI at municipal level analyzing gender indicators and participating in social control (61% of the municipalities)			

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Report Q4 2012					
IR2. Access to quality and intercultural healthcare increased and improved					
Immediate Results/ Outcomes	Outputs	Main activities by Output	Activities executed	Effect	Indicators
IR2.1.- Improved technical coordination and authority of the MSD's technical programs within SUS-SAFCI's framework	P1. MSD strengthened to implement the Standards and Guides of comprehensive care (maternal-infant health, family planning, adolescent health, sexual and reproductive health and TB) within the SAFCI, including those for home visits by health and community staff	<i>conformation of mobile SAFCI teams</i>	Technical assistance for dissemination and implementation of Short Cycles of Continuous Quality Improvement in Tuberculosis By Mrs. Georgina Apaza, consultant of UNICEF Tuberculosis component	The National Tuberculosis Program has an expansion plan of CMCC in TB	
	P.2. The MSD's technical capacities strengthened for the implementation of comprehensive and functional maternal and neonatal care health networks at all attention levels (health services up to the community).		Technical Support for National Workshop of the Continuous Quality Improvement Cycles Date and place: October 3, 2012, Cochabamba. Participants: MOH, 9 SEDES, 41 hospitals, JHPIEGO/MCHIP, USAID. Unit of Health Services Networks		
		<i>Assessment about suitability between Traditional Medicine and Health Facilities in tof Chuquisaca</i>	Assessment about articulation of Traditional medicine inhealth facilities. Health Networks III, V and VI of Chuquisaca. Evaluation of implementation and suitability of intercultural health processes inhealth facilities of Chuquisaca HF Assessed : "San Juan de Dios", of Redención Pampa of the Municipality of Mojocoya of Health Network II. Hospital "Marcos Rojas Zurita" of the Municipality of Padillo of Network III and "Hospital San Juan de Dos" of the Municipality of Camargo of Network VI.	Health Facilities with experience in intercultural health appropriate for the comprehensive networks of health services and for the national policy of Intercultural Communitarian Family health	
			Assessmentto health provider with regards to intercultural health processes		
	P.3. Innovative strategies formulated to increase access to proven and effective interventions concerning maternal-infant health, SSR, family planning, tuberculosis, including increase and/or improvement of infrastructures with cultural adaptation, mobile equipment, home visits by health staff, maternal homes, telemedicine and others.		Conformation, training and follow-up to SAFCI mobile teams  Implementation of mobile health team in Chuquisaca: 23 multi-program campaigns conducted; 17 rounds of home visits; 6	140 SAFCI mobile team technicians with knowledge about SAFCI policy and its strategies.  Improved access of Chuquisaca population to health services.	<b>29 municipalities of Chuquisaca implementing innovative strategies to reach populations of tough access.</b>  <b>29913 cares conducted by SAFCI mobile teams</b>
	P.4. Strengthening of the MSD's capacities to implement a monitoring and supervision system that guarantees compliance with standards at national level including comprehensive and intercultural quality services.	<i>Technical support to SNIS data quality supervision in Chuquisaca and the updating of data collection tools</i>	Technical support to revision and validation of collection, systematization and consolidation information tools of National Health System of Information La Paz, Hotel Ritz; Nov 29 - 30, 2012 40 participants from national level National Health System of Information	SNIS innovative instruments elaborated in a participative manner.	
National Training Workshops regarding to illnesses codification and causes of death (CIE-10) Date and place: La Paz, Ed. Hermann; Sept 26 - 28, 2012 Participants: network operation personnel and 2nd and 3rd tier hospitals. 50 people National Health System of Information SNIS			Systematization of the epidemiological and surveillance system of the health system. Improved management capacities for the quality in health facilities.		
Crossed supervision of data quality from departmental SNIS-VE of La Paz and Chuquisaca to health networks and rural and urban HF. Date and place: Padilla Network and Monteagudo Network; Oct 22 - 26, 2012 Participants: 15 HF of Chuquisaca. National Health System of Information SNIS			Improved institutional conditions to reduce percentage of data error within the departmental services of La Paz and Chuquisaca.	<b>2 supervised health networks, 15 facilities with quality supervision of information.</b>	
I R 2.2 SEDES' capacities developed to improve the clinical and intercultural competencies of providers	P.1 The SEDES' abilities increased to disseminate and implement national standards and guides, including home visits by health and community staff	<i>Implementation and diffusion of maternal, newborn and infant standards of care within health networks</i>	In La Paz, Neonatal Resuscitation facilitators training for first level of care. Date and place: November, 2012, UNICEF Participants: 14 participants from 2nd and 3rd Tier Hospitals in LPZ		20 trained physicians as facilitators in Maternal Health, 10 gynecologists and 10 general physicians. 13 men and 7 women  56 health facilities implement the continuous improvement of the quality with standards monitoring
			In La Paz, Maternal health assessment workshop and maternal and newborn mortality surveillance. Date and place: December 2012, Women's Hospital, La Paz Participants: 23 health professionals of 2nd and 3rd tier hospitals Colaboration: JHPIEGO/MCHIP		327 health functionaries and professionals trained in CMCC of maternal-infant health.  68 functionaries, specialist and general physicians and nurses trained with facilitators of Maternal Health.  Health personnel of 11 Health Facilities have been trained and monitored 6 in La Paz and 5 in Chuquisaca in CMCC and neonatal resuscitation.



<b>I R 2.2 SEDES' capacities developed to improve the clinical and intercultural competencies of providers</b>	P.1 The SEDES' abilities increased to disseminate and implement national standards and guides, including home visits by health and community staff	<b>Implementation and diffusion of maternal, newborn and infant standards of care within health networks</b>	2 training Workshops of La Paz facilitators within Care Continuum. Date and place: November, 2012, La Paz Participants: 24 professionals at a departmental level and 18 at an urban network level	Diffusion of Continuum of Care strategy to 12 networks of the department of La Paz.	<p><b>20 trained physicians as facilitators in Maternal Health, 10 gynecologists and 10 general physicians. 13 men and 7 women</b></p> <p><b>56 health facilities implement the continuous improvement of the quality with standards monitoring</b></p> <p><b>327 health functionaries and professionals trained in CMCC of maternal-infant health.</b></p> <p><b>68 functionaries, specialist and general physicians and nurses trained with facilitators of Maternal Health.</b></p> <p><b>Health personnel of 11 Health Facilities have been trained and monitored 6 in La Paz and 5 in Chuquisaca in CMCC and neonatal resuscitation.</b></p>
			Workshops with regards to standards and guidelines of Maternal Care in Chuquisaca Date and place: Network VII Rural Sucre, 2012 Period. Participants: 25 health personnel		
			5 health provider first level internships in 2nd and 3rd level hospitals of Chuquisaca over CONE and HPME. 65 medical and nursing functionaries	65 medical and nursing functionaries with clinical capabilities for the care of CONE and HPME.	
			Facilitator workshops in Alepi NUT in Monteagudo Network, Chuquisaca Date and place: November 2012, Monteagudo. Participants: 6 functionaries.		
			In Chuquisaca, 3rd training workshop to facilitators in Maternal health Date and place: Sucre Participants: 20 functionaries of the 7 networks. Collaboration: JHPIEGO/MCHIP	6 facilitators in AIPI nut trained in the Monteagudo Network	
			2 workshops about standards definition of first and second level health facilities conducted in Chuquisaca Date and place: October and November 2012, Azurduy Network and the Camargo Network Participants: 42 functionaries trained in the Standard, 21 women and 21 men.		
		<b>Implementation of Continuous Quality Improvement Cycles of maternal-infant care (training, supervision, surveillance, quality recognition).</b>	First Departmental Workshop about National Session of Learning and Methodology Preparation within Continuous Quality Improvement Cycles in maternal and infant health. Date and place: Coroico- La Paz December 2012 Participants: authorities of MOH, 7 urban and rural 2nd and 3rd level Hospitals Collaboration: JHPIEGO/MCHIP		
			In Chuquisaca, 7 workshops about Continuous Quality Improvement Cycles focus on maternal and newborn health. Date and place: health networks I Sucre October 12, 2012, VI Camargo, 2012, October 26, 2012 Hospital Tarabuco Participants: 295 functionaries: 114 men and 181 women collaboration: technical support of JHPIEGO/MCHIP	Identification of CMCC implementation difficulties based on indicators analyse Health provider empowered to apply CMCC Identification of CMCC focus point per health facility Updating of monitoring and results reporting method	
			In La Paz, 1 departmental Workshop and 1 urban networks workshop about training facilitators in Maternal Health CMCC. Date and place: October 18-20, 2012, SEDES La Paz Participants: 24 people at a departmental level and 18 at an urban network level Collaboration: JHPIEGO/MCHIP		
			Implementation of maternal-infant CMCC in the municipalities of Escama, Coroico, Los Andes. Rural 2nd level Hospitals		
			In La Paz, 2 Training about maternal-infant care CMCC courses and CONE to the health personnel Date and place: October 2012, Network 3 Camacho Escama Hospital and Network 8 Yungas Coroico Hospital Participants: 14 physicians, 10 licensed nurses Collaboration: technical support JHPIEGO/ MCHIP	Training of Facilitators in CONE	
			Supervision, base line measurement and monitoring of CMCC indicators in both departments Hospitals Date and place: October 8, 2012, Hospital Copacabana, October 22 Los Andes Hospital, October 23 Camargo Hospital, November 17 Coroico Hospital. Participants: health and direction personnel	CMCC indicators base line to maternal, neonatal and infant area in Copacabana Hospital Health personnel training within the measurement of the CMCC indicators	
	P.2 Supervision system improved to ensure compliance with national regulations and guides related to family, community and intercultural health at SEDES' level	<b>Implementation of supervision from SEDES to Health Networks with regards to topics of maternal, infant and adolescent health.</b>	4 Multi-program Supervisions focus on maternal, infant and adolescent health, from SEDES Chuquisaca to 7 health networks Participants: 21 health facilities, 7 network coordinators and 29 heads of municipalities.		<p><b>80% of SEDES Chuquisaca health facilities supervised.</b></p> <p><b>60% of SEDES La Paz health facilities supervised</b></p>
			Multi-program Supervision from SEDES La Paz to 4 health networks: Health Network 3 Escama at 100% of the ES, Network 14 Loayza close to 80%, Network 8 to 50% of the ES, Network Los Andes El Alto 30% of ES. Date and place: Between November and December 2012 Participants: 79 health facilities, 77 physicians, 12 licensed nurses, 16 nurse assistants, and 29 other professionals.	Identification of knowledge weaknesses and standards of care updating for mother and newborn care preparation of the training plan for the next term Identification of the material needs (vehicle)	

	P.3 Reference and counter-reference system improved	<b>Training of health providers to reference and counter-reference, based on national standards and local reality.</b>	<p>7 workshops focus on Reference and Counter-reference for health provider of Chuquisaca Date and place: October and November. Monteagudo Network, municipalities of Villa Vaca Guzman. Padilla Network, municipality of Padilla. Tarabuco Network, municipality of Yotala. Camargo Network, municipalities of Camargo, San Lucas, Villa Abecia and Incahuasi, Participants: 200 trained functionaries; 82 men and 118 women.</p> <p>In Chuquisaca, Simulation of obstetric emergency in the community to verify reference and return system. Date and Place: municipalities of Villa Charcas and Camargo. Participants: 58 people, both health personnel and well as the community, 24 men and 34 women. Collaboration: technical support of JHPIEGO/MCHIPS</p>	<p>Health services apply the instruments of reference and counter-reference.</p> <p>Health personnel and social structure aware about obstetric reference, application of improvement plans.</p>	<b>200 functionaries trained in the reference and counter-reference system of the Chuquisaca health network</b>
	P.4 SEDES' abilities increased to implement and supervise the DOTS.	<b>Workshops on continuous quality improvement cycles including standards of MDR and RAFAS tuberculosis</b>	<p>In La Paz, Training Workshop on Coinfection, TB MDR and RAFAS in network 8 Date and place: December 13/14, 2012, La Paz Participants: health personnel 6 physicians and 2 licensed nurses of the municipalities of Coroico, Chulumani, La Asunta, Irupana, Coripata and Yanacachi.</p> <p>In La Paz, technical support to the TB/VIH Inter-Program committee during its monthly meeting Date and place: 10/31/12, and 12/10/12, La Paz Participants: 20 physicians, 15 licensed nurses, 15 other professionals</p> <p>In La Paz, distance Modular Training workshop of the CMCC of TB to networks 3, 5, 14 and 15. Date and place: November 12-13-14, 2012, La Paz. Participants: Representation of 23 municipalities, 39 health personnel, 21 physicians, 14 licensed nurses, 5 nurse assistant,</p> <p>In Chuquisaca, 8 workshops focus on CCMCC in TB Dates and place: Network I Sucre, V Monteagudo and VI Camargo, in 2012 Participants: 390 trained functionaries: 125 men and 265 women Collaboration: HCI</p>	<p>Training within epidemiological surveillance and appropriate management of coinfection. Training within the adequate handling of drug resistance in TB. Training in the identification of RAFAS and the adequate handling of RAFAS</p> <p>Elaboration of reference system for TB/VIH coinfection in first, second and third level.</p> <p>conformation of 23 teams of facilitators in health facilities Implementation of DOTS boxes in municipalities of high TB prevalence.</p> <p>Implementation of the short cycles methodology within TB control in the services of the SEDES.</p>	<b>400 functionaries trained in CMCC and TB and supervision of the TB treatment</b>
<b>IR 2.3 Capacities of health networks improved to supervise the provision of comprehensive and quality services within SAFCI's framework</b>	P.1 Supervision systems improved based on the application of regulations, standard and clinical performance in the selected networks	<b>Implementation of supervision from Network Coordinators to health facilities</b>	<p>In Chuquisaca, implementation of 27 Multi-program supervisions, regarding maternal, infant and adolescent health issues, from the Network coordinators and Municipal chiefs to health facilities, within the last quarter of 2012.</p> <p>In Chuquisaca, 7 supervisions to municipalities health facilities about fast monitoring vaccination coverage.</p>	<p>Health Personnel with improved capacities in maternal, infant and adolescent care, in the health facilities of the SEDES.</p> <p>Guarantee the vaccination coverage of the health services of the municipalities.</p>	<p><b>231 health services supervised in Chuquisaca</b> <b>55% of the total facilities of the SEDES Chuquisaca supervised.</b></p> <p><b>68 health services with Fast Vaccination Coverage Monitoring in Chuquisaca.</b></p>
	P.2 Increase in the number of certified health establishments	<b>Technical support to 4 health facilities certification</b>	<p>Technical support for management training about quality and medical audit in La Paz Participants: 50 health professionals of the department, 45 physicians, 4 licensed nurses</p> <p>In La Paz, technical support to certification process of health facilities Date and place: October 2012</p> <p>Service Certification workshops in the department of Chuquisaca. Date and place: October and November 2012. 2 service networks: Azurduy Network with the municipalities of Azurduy, Sopachuy and Tarvita. Camargo Network, with the municipality of Villa Abecia. Participants: 21 men and 21 women, 42 participants in total.</p>	<p>Certification over quality of care of the health facilities: CS Cañama, Network 14 CS Yaco, Network 14 CS Malla, Network 14 Copacabana Hospital, Network 5</p> <p>Self-assessment plans in perspective of certification.</p>	<b>2 certification workshops: 21 men and 21 women, 42 total.</b>
	P.4 FP and post-abortion services integrated to obstetric and neonatal care in networks				
	P.1 health establishments that have sufficient equipment and infrastructure to implement family, community and intercultural health services as result of the allocation of municipal funds		Complement of medical equipment and assets	<p>Improved work conditions of the personnel Complying with his functions Labor incentive Improves its productivity and compromise</p>	

IR 2.4 Capacity of health centers improved for the application of standards, care guides and response to local needs	P.2 Improvement in the availability of essential medicine, vaccines, contraceptives and supplies.	<b>Implementation and strengthening of SNUS, SIAL and SALMI</b>	In Chuquisaca, 7 workshops on logistic systems of medicines Date and place: October and November, 2 workshops in Sucre, for all of those responsible of the FIM of Chuquisaca; the 5 remaining ones in: Alcala, Zudáñez, Yotala, Macharety, Azurduy. Participants:: those responsible of the FIM of the 29 municipalities, 478 trained functionaries: 53 men and 425 women. Collaboration: leadership and technical support DELIVER	Personnel trained in the handling of the logistical subsystems for medicines.	30 FIM supervised
			In Chuquisaca, 5 SNUS, SIAL and Salmi supervision to health facilities Date and place: November and December. Municipalities of Sopachuy, Zudáñez, Yotala, Las Carreras and Icla. Participants: FIM supervisor. Collaboration: leadership and technical support DELIVER	Personnel of the FIM supervised and trained in the handling of the logistical subsystems for medicines.	
			In La Paz, FIM supervisions to Network 8 North and South Yungas 9 HF Date and place: in December 2012 Collaboration: leadership and technical support DELIVER		
	P.3 Increase in client satisfaction				
	P.4 Increase in the number of references and counter-references conducted				
	P.5 Health providers trained to provide quality maternal-infant health, reproductive health and TB services based on standards				
	P.6 Innovative strategies developed and implemented to reach adolescents with health information, intercultural and reproductive health .	<b>Training workshops about reproductive and sexual health for adolescents in educational units</b>	Workshops for school students about Sexual and Reproductive Rights date and place: municipality of Villa Abecia, October and November 2012. Participants: 227 trained adolescents: 78 women and 149 women.	Adolescents find out about their sexual and reproductive rights.	220 trained adolescents: 78 women and 149 women.
			Conduction of Adolescents Health Survey in 3 educational units of Los Andes El Alto Network 433 investigated students: Tokio School 130 students, Juan Jose Torrez School 102 students, Republic of Cuba School 201 students. Coordination with the Children and Adolescence of El Alto Advocate	Identification of 30% of adolescent population in educational units within risk of violence and unplanned pregnancy. Awareness from teachers to adolescents about prevention of violence and unplanned pregnancy	
			Conduction of health survey to adolescent mothers of the Los Andes Hospital. Collaboration: Dr. Cecilia Uribe, adolescent health specialist.		
		<b>Identification of violence and sexual and reproductive health risk factors through adolescents of educational units, El Alto</b>	Workshops with adolescents of the educational units with regards to pregnancies and adolescent. Date: October 2012 220 trained students: Tokio School 100 students, Juan Jose Torrez School 60 students, Republic of Cuba School 60 students. Collaboration: CIES material		
			Preparation of the "proposal of incorporation of the Sexual Health content, rights and protection within the school curriculum" For first and second school level		
			Technical support to the adolescent leaders experiences exchange Workshop Date and place: November 28, 2012, Cochabamba Participants: Adolescent leaders from each health facility. Collaboration: Young Leader Network of the CIES.	Leaders with improved competency in human safety (Pregnancy, Violence, HIV, sexuality) of the Adolescent Preparation of the work plan for the 2013 term for each adolescent.	
			Technical support to action plan preparation Workshop with directors of the Educational units of Cercado 1 and 2 Date and place: November 29, Cochabamba Participants: 150 directors, 150 educational units, technicians of the SEDES, DDE.	150 action plans for the 2013 term integrating the topic of human protection and security of the adolescent.	

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IR 3. Underserved rural population empowered to seek/obtain culturally appropriate health care (Equity and Rights)					
Immediate Results/Outcomes	Outputs	Main activities by Project output	Activities executed	Effect	Indicators
<b>3.1 MSD strengthened for the implementation of social mobilization strategies</b>	P.1 The capacities of national organizations and associations working on issues related to maternal-infant and reproductive health increased to advocate in favor of services based on rights, new policies and compliance with existing laws.	<i>Elaboration of guides to facilitate social participation in shared management of health, taking into account cultural approaches.</i>	Norm about Preparation of the Municipal Health Plan Communitarian Health and Social Mobilization Unit	strengthening of the municipalities tools for internal processes.	
			Training for authorities and representatives of municipalities and social organizations within Social Control and Rendition of Accounts. Date and place: Trinidad and Tarja Participants: 146 people. Transparency Unit	Participative supervision of financial reporting for decentralized health institutions	
	P.2 Strengthening of the MSD's mechanisms to request inputs from social organizations and associations related to national policies.		Innovative experiences collecting about application of SAFCI in the municipalities. Communitarian Health and Social Mobilization Unit	SAFCI policy implementation procedures updatebased on municipalities experiences	
<b>3.2 The abilities of authorities, technicians and municipal leaders strengthened to identify and eliminate barriers to the exercise of their rights</b>	P.1 Increase in the advocacy capacity of social organizations and national associations in favor of services based on rights, new policies and law compliance.	<i>Elaboration of instruments and Training of indigenous community and social organization leaders about human rights, health rights, children's and women's rights, as well as maternal, infant and adolescent health.</i>	Elaboracion of internal regulations for the Departmental Social Councils of La Paz and Chuquisaca. Communitarian Health and Social Mobilization Unit		
			Updating of the Departmental Participative Health Management Guide. Communitarian Health and Social Mobilization Unit	Strengthened social organization and departmental level health social structure with regards to the social, political and technical areas of family, community and intercultural health policy and the sole health system.	
			National meeting for traditional medics to prepare the strategic plan. Date and place: Nov 28 - 30, 2012; Villa Norita - Chuquisaca. Participants: 78 traditional medics: 50 men and 28 women Vice-Minister of Traditional Medicine and Interculturality	Strategic plan on consensuated traditional Medicine.	
	P.2 Strengthening of the SEDES' mechanisms to request inputs from social organizations and associations related to national policies	<i>Participative workshops to prepare National workshop</i>	In Chuquisaca, 4 sub-regional Workshops about departments health situation to prepare national workshop. Date and place: Camargo, Tarabuco, Padilla and Monteagudo Participants: 450 people: 280 men and 170 women	Suggestions and perceptions of the civil society about the health problematic of the departments systematized as supply to prepare proposals for the national health tables.	
<b>3.3 The capabilities of technical authorities and municipal leaders to identify and eliminate barriers to exercise its strengthened rights.</b>	P.1 Municipal capacity increased to comply with its roles and responsibilities related to guaranteeing the right to health.		In Chuquisaca, 6 coordination meetings between health personnel and DILOS. Date and place: Sucre, Network Sucre Rural, Yotala Participants: 30 representatives of the CMS and DILOS.	Identification of health needs for the reformulation of the AWP.	
	P2 The capacity of selected municipalities increased to identify, define and report to higher levels about the community's definition of quality and access	<i>Meetings of Municipal Health Councils to analyze health situation and make decisions based on identified priorities.</i>	Meeting of the Municipal Councils of Chuquisaca to exchange experiences. (TECHNICAL ASSISTANCE of CS) Date and Place: Sucre. Participants: 120 participants. 58 men and 62 women of the 29 municipalities. Collaboration: HCP	Municipal social councils aware about importance of participative municipal planning.	
		<i>Implementation of health promotion actions at municipal/communitarian level co-financed with the municipal government.</i>	communitarian visits of the health personnel.	Multi-program health promotion and care activities of 13 health facilities 320 health consultations 80 younger than 1 year vaccinated with a third doses of Pentavalent	
			Conduction of 4 fairs within the networks, about health topics directed to the entire population. Dissemination of Radio and TV Spots over the social communication mediums about health topics related to health promotion and prevention.	Population aware about Health topics in the 29 municipalities.	<b>4 Health fairs and dissemination of radio and TV spots</b>

## TABLE OF ACTIVITIES CONDUCTED IN COLLABORATION WITH PROGRAM PARTNERS

Organization	Task	Activities	Area	UNICEF support
DELIVER	<i>Technical assistant on the Logistic Administration System of Medicines, Inputs and reagents</i>	In Chuquisaca, 7 workshops on logistic systems of medicines Date and place: October and November, 2 workshops in Sucre, for all of those responsible of the FIM of Chuquisaca; the 5 remaining ones in: Alcala, Zudáñez, Yotala, Macharety, Azurdüy. Participants: those responsible of the FIM of the 29 municipalities, 478 trained functionaries: 53 men and 425 women.	SEDES Chuquisaca Municipalities: Sucre Alcala, Zudáñez, Yotala Macharety Azurdüy	<i>Financing for the conduction of the activities. Payment for travel expenses and tickets, food and desk materials.</i>
	<i>Training strategy, implementation and supervision in the prioritized project areas</i>	In Chuquisaca, 5 SNUS, SIAL and Salmi supervision to health facilities Date and place: November and December. Municipalities of Sopachuy, Zudáñez, Yotala, Las Carreras and Icla. Participants: FIM supervisor.	SEDES Chuquisaca Network: Network 2 Tarabuco Zudáñez, Yotala and Icla Network 4 Azurdüy Sopachuy Network 6 Camargo Las Carreras	
	<i>DELIVER participates including the logistic area and training in the specific tools. Departmental level for networks and municipalities. Reaches to health establishments by samples. 6 municipalities</i>	In La Paz, FIM supervisions to Network 8 North and South Yungas 9 HF Date and place: in December 2012	SEDES La Paz Network: Network 8 North and South Yungas	
JHPIEGO /MCHIP	<i>Integrated functional networks Includes: Implementation of a operative guide to strengthening SAFCI in the services networks coordinated with SEDES</i>	Workshops for anticipatory reformulation of AWP 2013. Date and place: 11/28/12, UNICEF La Paz. Participants: Health officers of UNICEF, 12 Technicians and the Unit chief of SEDES La Paz, 6 Network	SEDES La Paz 6 Health networks	<i>Payment of travel expenses and tickets, fuel, food and the filming of the activity, technical assistance of the Unicef Consultant of Camargo.</i>
	<i>Continue quality improvement processes (forming/strengthening of Quality Committees in the services networks, including principal networks hospitals, standards monitoring, flow analysis users, ONU indicators, come out application surveys)</i>	In La Paz, 2 Training about maternal-infant care CMCC courses and CONE to the health personnel Date and place: October 2012, Network 3 Camacho Escoma Hospital and Network 8 Yungas Coroico Hospital Participants: 14 physicians, 10 licensed nurses	SEDES La Paz Network Camacho Network Yungas	
	<i>Technical supervision: supervisor workshops, supervisor facilitators will be formed for the network job.</i>	In La Paz, Maternal health assessment workshop and maternal and newborn mortality surveillance. Date and place: December 2012, Women's Hospital, La Paz Participants: 23 health professionals of 2nd and 3rd tier hospitals	SEDES La Paz Network El Alto	
	<i>Health services technical assistance, via institutional (health services); in Mother Health includes: PP, Post abortion, bleeding of the first pregnancy quarter, obstetric essential neonatal cares (CONE basic and extended)</i>	In La Paz, 1 departmental Workshop and 1 urban networks workshop about training facilitators in Maternal Health CMCC. Date and place: October 18-20, 2012, SEDES La Paz Participants: 24 people at a departmental level and 18 at an urban network level	SEDES La Paz	
	<i>Departmental facilitators forming in SM, CONE, PF, HPME &amp; infection prevention Health services accreditation processes</i>	First Departmental Workshop about National Session of Learning and Methodology Preparation within Continuous Quality Improvement Cycles in maternal and infant health. Date and place: Coroico- La Paz December 2012 Participants: authorities of MOH, 7 urban and rural 2nd and 3rd level Hospitals	SEDES La Paz 6 Health networks	
	<i>RH- Development Competencies Centers (CDC). Experiences systematization. Identification of normative and tools documents.</i>	In Chuquisaca, 3rd training workshop to facilitators in Maternal health Date and place: Sucre Participants: 20 functionaries of the 7 networks.	SEDES Chuquisaca 7 networks	
		In Chuquisaca, 7 workshops about Continuous Quality Improvement Cycles focus on maternal and newborn health. Date and place: health networks I Sucre October 12, 2012, VI Camargo, 2012, October 26, 2012 Hospital Tarabuco Participants: 295 functionaries: 114 men and 181 women	SEDES Chuquisaca Health Network: Urban Sucre Camargo	
		In Chuquisaca, Simulation of obstetric emergency in the community to verify reference and return system. Date and Place: municipalities of Villa Charcas and Camargo. Participants: 58 people, both health personnel and well as the community, 24 men and 34 women.	SEDES Chuquisaca Camargo Health network Municipalities: Villa Charcas, Culpina and Camargo	
HCP	<i>Development of municipal health AWP's</i>  <i>Developing of planning instruments with the Ministry of Health</i>  <i>Identification and selection of the social structure of the SAFCI (ALS); conformation of the CLS</i>  <i>Work on raising community demand</i>  <i>Work with Health Community Agents</i>  <i>Concerted quality Community reference and return system</i>  <i>Gender and rights: Rights, leadership and command training for municipalities</i> <i>Financing of training workshops</i> <i>Baseline development</i>	Meeting of the Municipal Councils of Chuquisaca to exchange experiences. (TECHNICAL ASSISTANCE of CS) Date and Place: Sucre. Participants: 120 participants. 58 men and 62 women of the 29 municipalities.	SEDES Chuquisaca Urban Sucre Network	<i>Technical assistance of the departmental Consultant of UNICEF Chuquisaca.</i>
HCI	<i>Technical Assistance for TB for the Network of the Andes of El Alto</i>	In Chuquisaca, 8 workshops focus on COMCC in TB Dates and place: Network I Sucre, V Monteagudo and VI Camargo, in 2012 Participants: 390 trained functionaries: 125 men and 265 women	SEDES Chuquisaca Network I Sucre, Network V Monteagudo Network VI Camargo	<i>Financing for the conduction of activities. Payment for travel expenses and tickets, food and desk materials.</i>
CIES	<i>Technical Assistance for Sexual and reproductive health of adolescents for the Network of El Alto</i>	Workshops with adolescents of the educational units with regards to pregnancies and adolescent. Date: October 2012 220 trained students: Tokio School 100 students, Juan Jose Torrez School 60 students, Republic of Cuba School 60 students.	El Alto Network	<i>Technical assistance of the departmental Consultant of UNICEF Chuquisaca.</i>  <i>Financing for the conduction of activities.</i>
		Technical support to the adolescent leaders experiences exchange Workshop Date and place: November 28, 2012, Cochabamba Participants: Adolescent leaders from each health facility.	Cochabamba Urban Network	

## PERFORMANCE DATA Q1 2013

N° PMP/ OP	PMP/OP INDICATORS	USG Fiscal Year Targets								OBS
		Source	Periodicity		FY13	Q1	Q2	Q3	Q4	
3	PMP. Percentage of children younger than 12 months of age vaccinated with a third doses of DPT (PENTAVALENT)	SNIS	Quarterly	Goal	#DIV/0!	83%	83%	83%	83%	3,741 children younger than 1 year vaccinated with a 3rd doses of pentavalent (source SNIS: data updated to January 7/13 corresponding to Oct and Nov 2012, with 95% of coverage).
				Current	24%	47%	0%	0%	0%	
18	PMP. Number of newborns receiving essential attention for newborns through programs supported by the government of the United States	SNIS	Quarterly	Goal	19,250	5,250	5,250	5,250	3,500	- Goal in function to 58.074 % of Births expected for the 2012 term. - Source SNIS: Newborns related with births in health service (data updated to January 7/13, corresponding to Oct and Nov 2012, with 95% of coverage).
				Current	2,456	2,456				
19	OP. Number of children younger than 12 months who receive a third doses of Pentavalent (DPT +HB +Hib), of GUSA support programs.	SNIS	Quarterly	Goal	0	7,364	7,364	7,363	4,909	- Goal in function to 85.124 % of children younger than 1 year, for 2012. - Source SNIS: Total children with a 3rd doses of pentavalent (data updated to January 7/13, corresponding to Oct and Nov 2012, with 95% of coverage).
				Current	3,741	3,741				
20	OP. Number of cases of children with diarrhea treated in programs with the support of USAID	SNIS	Quarterly	Goal	80,000	21,818	21,818	21,818	14,546	- Goal calculated in reason to 51.078 % of the population younger than 5 years old for 2012. - Source SNIS: EDA cases in children younger than 5 years of age (data updated to January 7/13, corresponding to Oct and Nov 2012, with 95% of coverage).
				Current	11,116	11,116				
23	OP. Number of children younger than five years of age included in the nutrition programs supported by the Government of the United States	SNIS	Quarterly	Goal	0	30,682	30,682	30,682	20,454	- Goal calculated in reason to 71.8285 % of the population younger than 5 years old, for 2012. - Source SNIS: Iron in children younger than 5 years of age (data updated to January 7/13, corresponding to Oct and Nov 2012, with 95% of coverage).
				Current	16,001	16,001				
15	OP. Percentage of new pulmonary TB cases with BAAR (+) notified	PNCT Registratio n	Quarterly							
26	PMP. Number of people trained in activities based on rights	Registratio n Project	Quarterly	Goal	N/A					Not applicable for the first year, in process the strategy of participatory management and promotion
				Current						
28	PMP. Number of people treated in health services due to complications from violence (with the exclusion of psychological and psychosocial)	SNIS	Quarterly	Goal						Goal calculated in function of 0.355 % of the total population, taking as frame of reference the number of people treated due to complications from violence, during the 2011 term (SNIS). Applied to the period between April and September 2012. - Source SNIS: Intra-family/domestic violence or other types of violence. - Data updated to August 31/12. - Q4 only reports July and August, 2012.
				Current						
29	PMP. Percentage of people referred by Gender based violence to receive legal and psychosocial support and protection for minors	Registratio n Project	Yearly	Goal	LB					
				Current	LB					
15	OP. Percentage of new cases of pulmonary TB with bacilli positive copy who initiated treatment and who got cured and completed treatment under (rate of satisfactory treatments)	PNCT Registratio n	Yearly	Goal	0%					
				Current						
1	PMP. Percentage of unsatisfied necessity (demand) services of primary health attention	Home Surveys	Every 2 years	Goal	LB					
				Current	LB					
2	PMP. Percentage of unsatisfied necessity of family planning services	Home Surveys	Every 2 years	Goal	LB					
				Current	LB					
5	PMP. Percentage of children from 0 to 59 months of age (younger that 5 years old) who have received an appropriate treatment for the most recent episode of diarrhea during the past 2 weeks	Home Surveys	Every 2 years	Goal	LB					
				Current	LB					
6	PMP. Percentage of children younger than 6 months of age who are fed exclusively through breastfeeding	Home Surveys	Every 2 years	Goal	LB					
				Current	LB					





## LIFE STORY

### FORTALESSA

#### Neonatal resuscitation

#### *Lifesaving skills*



**Carlitos breastfeeding**

Carlitos, born in the Aymara Escoma Hospital, is just a few hours old, is healthy and has already successfully initiated breastfeeding. Carlitos has six older siblings waiting at home, but this delivery was, for her mother, different from the any other for she had a prolonged labor. She arrived at the hospital almost giving birth and when the baby was in fetal distress and meconium<sup>1</sup> in the amniotic fluid<sup>2</sup>.

"The delivery was uncomplicated" - explains Dr. Murillo, "so we proceeded according to protocol: late clamping the umbilical cord and performing early attachment, once we verified that the baby was breathing well and had no need to use the mask".

Aymara Escoma Hospital staff currently handles neonatal resuscitation techniques, which were transferred under the FORTALESSA Program, along with other quality improvements in maternal and child care. "Honestly we didn't use to fill the partograph before because we were not trained to do so, now we use it correctly," says Dr. Murillo "in addition to the Partograph which is a valuable instrument, we have seen many other improvements. We are now able to do early attachment to initiate breastfeeding, also clamping the cord when it stops beating, doing correct cord traction to help the placenta delivery, among other things. This improves the quality of our attention, even to manage a neater clinic history".

<sup>1</sup> Viscous substance composed of thick dark dead cells and secretions of the stomach and liver of the baby. It is the first stool. When found in amniotic fluid is a sign that the baby had difficulty before delivery.

<sup>2</sup> It is the fluid that surrounds the fetus during pregnancy. It acts primarily as protection providing a stable temperature, cushioning and allowing free movement necessary for normal lung development.





The program not only helps the patients to receive quality service, but also benefits the health staff to build self-confidence and security in their actions, adopting practices based on up to date research and scientific evidence. Then it results very encouraging when the health personnel can verify on their own the effectiveness of each innovation, for example the pediatric management of pneumonia under improved protocols, which were transmitted during the quality cycles has offered a promising number of cases successfully resolved from the beginning of FORTALESSA.